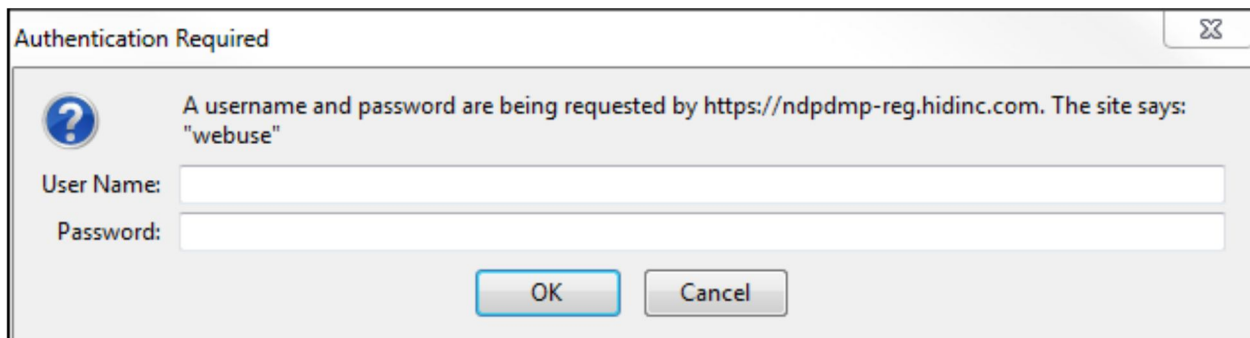The Arizona State Board of Pharmacy Controlled Substances Prescription Monitoring Program (CSPMP) grants system access accounts to practitioners and pharmacists so that they may look up, view, and print controlled substance dispensing information on their specific patients directly via user name and password. Access is granted to individuals only—not to clinics, hospitals, pharmacies, or any other health care facility.
Perform the following steps to request an account:

(Please read <u>all</u> the following instructions)

1 Open an Internet browser window and either click the following link, or type the URL in the address bar: https://azpdm-reg.hidinc.com.

A window similar to the following is displayed:

2 Type *newacct* in the **User Name** field.

3 Type *welcome* in the **Password** field.

4 Click **OK**. The **Practitioner/Pharmacist Account Request Form** is displayed:

Practitioner/Pharmacist Account Request Form

* LAST Name: [_____]   * FIRST Name: [_____]

* Date of Birth (MM/DD/YYYY): [_____]

Business Name (if applicable): [_____]

* Street Address: [_____]

* City: [_____]   * State: Select a state ▼   * Zip Code: [_____]

* Health Profession License Type (Example: MD, RPH, etc.): Select type ▼

* State License Number (without prefix - ex. 00123456): [_____]   * License State Code: Select a state ▼

* Phone: [_____]   * Fax: [_____]

* DEA Number (for prescribers only): [_____]   DEA Suffix (if applicable): [_____]   * Email: [_____]

PMP Provider Account Liability Statement

I agree that by accessing this system, I affirm that I am currently licensed and authorized to prescribe or dispense controlled substances.

I understand that my use of this system is permitted only in connection with providing medical or pharmaceutical care to a patient or to evaluate a patient.

I understand that any other access or disclosure of PMP data is a violation of Arizona law and may result in civil sanctions or disciplinary action. I further understand that I will treat the information in the system as any other health care information and will protect the information in my possession in accordance with federal and state laws governing health care information.

I understand that I am responsible for all use of my user name and password. I will never share my password with anyone, including co-workers. If any authentication or password is lost or compromised, I agree to notify the Board of Pharmacy immediately.

I understand that the PMP will conduct auditing activities to monitor for unusual or potentially unauthorized use of the system.

[Accept & Submit]

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5 Complete the fields on this form, noting that required fields are indicated with an asterisk (*).

6 Click **Accept & Submit**.

If information is incomplete or missing, a message is displayed indicating which fields must be corrected before your account request form can be submitted.
If all information has been properly supplied, a completed account registration form is displayed, along with a prompt to print the form. Print the form if desired.

Note: Out-of-state medical practitioners and pharmacists are required to print the form, have it notarized, and mail it to:
Arizona Controlled Substances Prescription Monitoring Program
P.O. Box 18520
Phoenix, AZ 85005

The Arizona CSPMP program staff will review your application and verify the information. You may be contacted if additional information is required. Once your application has been approved, you will receive an e-mail from careermap.net with information on how to complete the CSPMP online training course.

After you have completed the online training course, you will receive two separate e-mails. The first e-mail will contain your approval notification and user name information. The second e-mail will contain your temporary password, your personal identification number (PIN) that you will use to identify yourself if you need assistance from the HID Help Desk, and the steps to follow to log on to the system. You will be required to change the temporary password immediately when you first attempt to access the system.

If your request is denied, you will be notified by Arizona CSPMP staff.